

Foster Family Home - Corrective Action Report

Provider ID: 1-618788

Home Name: Victoria Agregado, CNA

Review ID: 1-618788-4

3404 Likini Street

Reviewer: Angelica Galindo

Honolulu HI 96818

Begin Date: 11/21/2018

End Date: 11/21/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 11/21/18.

6.(d)(1) - Home in compliance with all requirements.

Angelica Galindo, RN

Compliance Manager

Victoria Agregado

Primary Care Giver

11/21/18

Date

11-21-18

Date